School Safety Hearing 1-25-13

In the wake of a horrific tragedy it is common to react rather than respond. Due to the fear factor it is often easier to simplify an extremely complex phenomenon by focusing on the more concrete, immediate physical security needs rather than on the more long term complicated emotional needs.

I encourage you to take a deep breath and respond rather than react and seek a more long term balanced preventative approach to the situation.

School security involves physical, emotional and behavioral safety for all those in the school building.

I continue to feel safe within our school building thanks to the measures our administration had taken pre- Newtown. As NASP (National Association of School Psychologists) articulated so well, ".. an over-emphasis on security may have a negative impact on the learning environment actually making students feel less safe."

As a clinical social worker, I have had the opportunity to work in hospital, residential, day treatment and public school settings over the last 30 years. I am here to advocate for the needs of our students and their families so as to prevent a tragedy like this from ever happening again. Yes, I still remain optimistic and idealistic.

On a typical day in the high school we assess students at risk for suicide and violence; students so engrained in their depths of depression that they cannot put one foot in front of the other; students so anxious that they are unable to walk through the front door or become physically ill; students admitting that they have such severe anger problems that they could lash out at anyone at any moment; students with eating disorders; students being bullied; students struggling with how to tell their parents that they are gay, lesbian, transgender; families being evicted from their homes; families living in shelters; to name just a few.

PPTs, SSTs, Crisis team, Drug and Alcohol Team, 504 meetings, action teams, reentry meetings. The list goes on. . .

70 at risk assessments for suicide and violence were completed in 1 building in 1 school year. Just this morning I received a call from a parent whose child was contemplating suicide last night. Staff, parent and student training have increased awareness and referrals.

Students with severe psychiatric and behavioral issues remain in the schools because they are less likely to be referred out due to budgetary constraints within and outside of the public school setting. Schools essentially confront the issues of a hospital setting without the resources of a clinical setting and with the huge caseloads of a school setting.

We depend not only on the resources within our schools but the resources outside of our buildings, EMPS (Emergency Mobile Crisis), DCF, the courts, the hospitals, youth and family agencies, psychiatrists, therapists. It is only through our working together that we can we tackle these complex situations.

We must support the resources within our schools and community that create a close caring school environment where students and their families feel welcome, connected and supported. It is vital that we have the programs and resources in place to confront student issues and assist with their learning needs.

Schools need to be equipped with an adequate number of experienced clinical social workers and psychologists. All too often these positions are cut in tough economic times. Less experienced clinical staff are hired to save money when more experience is needed to deal with the increasingly difficult and complex psychiatric and behavioral issues.

Outplacements need to be an option for those students who are in danger of hurting themselves or others. Staff and other students are often hurt or their education compromised due to the violent nature of particular students.

We must proactively commit to and normalize access to our mental health resources in order to avoid being placed in a situation where we are forced once again to react rather than respond.

Imagine rather than arming our students, our families, our teachers and our communities with weapons, arming them with tools and services to confront their demons/ mental health issues so they may become well adjusted productive members of our community.

Thank you.
Christine Agnello Bivona
Clinical Social Worker
West Hartford Public Schools